

Northfield Recreation Commission
Town Hall
69 Main Street
Northfield, MA 01360

KARATE WAIVER FORM

Child's Name _____

Address _____

Birth Date _____ Grade _____

Parent/Guardian _____

Home Phone # _____ Cell Phone # _____

Emergency Contact _____ Phone # _____

Medical or Allergy Issues _____

I give permission for the person named above to participate in the above mentioned program. I understand that the Town of Northfield, Northfield Recreation Commission and its designated director and leaders are not legally or financially liable for any claim arising from any unfortunate accident or injury incurred while participating in the program.

Signature of Parent/Guardian or Participant (over 18)

Date